

# **EXHIBIT C**

► UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor  
USA Commercial Mortgage Company  
and affiliated debtorsCase Number  
06-10725-LBR  
and related cases

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

## Name of Creditor and Address

Pensco Trust Co. Inc., FBO ROBERT W. HLM  
IRA #V1006  
414 Morning Glory Rd.  
St Marys, GA 31558

Creditor Telephone Number 914 673-6020

Last four digits of account or other number by which creditor identifies debtor

3748

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

## 1 BASIS FOR CLAIM

 Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly) Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from 00/01/2003 to 06/01/06

 Unremitted principal Other claims against servicer (not for loan balances)

False Representation Negligence, Breach of Fiduciary Duty / SEE ATTACHED

## 2 DATE DEBT WAS INCURRED 10/01/2003 - CONTINUING

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$ 48,000

 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

## UNSECURED PRIORITY CLAIM

 Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 715,000

Amount of arrearage and other charges at time case filed included in secured claim if any \$ Contingent

 Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5. TOTAL AMOUNT OF CLAIM \$ Contingent \$ Unliquidated \$ Claim \$ \_\_\_\_\_  
AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

## 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

THIS SPACE FOR COURT USE ONLY

## BY MAIL TO

BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 411  
El Segundo, CA 90245-0911

## BY HAND OR OVERNIGHT DELIVERY TO

BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

FILED NOV 06 2006

## DATE

11/01/2006

SIGN and print the name and title of any creditor or other person authorized to file this claim (attach copy of power of attorney if any)

USA CMC



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor <i>KUSA USA Commercial Mortgage Company and affiliated debtors</i>	Case Number <i>06-10725-LBR and related cases</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Name of Creditor and Address <i>Melody J violet PO Box 2201 Vista CA 92085</i>		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small>
Creditor Telephone Number ( <i>858-442-6684</i> )		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Last four digits of account or other number by which creditor identifies debtor <i>7586</i>		Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>a previously filed claim dated</small> <small>if this claim</small> <input type="checkbox"/> amends <i>RESERVE The right to amend</i>
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from <i>Feb 06 to ongoing</i> <i>False representation / Breach of Fiduciary duty / Negligence (see Attached)</i> (date) <i>Feb 06</i> (date) <i>Feb 06</i>		
<b>2 DATE DEBT WAS INCURRED</b> <i>Feb 06 ongoing</i>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <i>\$ 308,000</i> Value of Collateral <i>\$ 308,000</i> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any <i>\$ Contingent</i>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)		
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>		
<b>5 TOTAL AMOUNT OF CLAIM</b> <i>\$ Contingent</i> <b>\$ UNliquidated</b> <i>\$ Claim</i> <b>\$</b> <i>\$</i> <small>AT TIME CASE FILED</small> <i>(unsecured)</i> <i>(secured)</i> <i>(priority)</i> <i>(Total)</i>		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
<b>7 SUPPORTING DOCUMENTS</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)		<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245
DATE <i>1/2/07</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <i>melody J violet</i>	

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <i>USA Commercial Mortgage Co</i>		Case Number <i>06-10725-LBR</i>	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) <i>DAVID C. WAHL AND MARGARET A. WAHL</i> <i>Joint tenancy w/ R.O.S.</i></p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<p>Name and address where notices should be sent <i>DAVID C. WAHL</i> <i>Po Box 8012</i> <i>Mammoth Lakes, CAL 93546</i></p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<p>Telephone number <i>760 934-5648</i></p>		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated <i>12/06/06</i>	
<p>Last four digits of account or other number by which creditor identifies debtor</p>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<p>1. Basis for Claim</p> <p><input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes <i>SEE EXHIBIT A</i>  <input type="checkbox"/> Other</p>			
<p>2. Date debt was incurred: <i>5/05</i></p>		<p>3. If court judgment, date obtained:</p>	
<p>4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <p><b>Unsecured Nonpriority Claim \$ 201,149.92</b></p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority</p>			
<p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p>		<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____          Value of Collateral \$ <i>UN KNOWN</i></p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <i>1149.92</i></p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____</p> <p><i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i></p>	
<p>5. Total Amount of Claim at Time Case Filed</p>		<i>\$201149.92</i>	<i>201149.92</i>
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>		<small>(unsecured) (secured) (priority) (Total)</small>	
<p>6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<p>7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>		<i>FILED JAN 13 2007</i>	
<p>8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>			
Date <i>1/9/07</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>David C Wahl Margaret A Wahl</i>		
<small>Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 28</small>			
		<small>USA CMC</small>	
		<small>1072502314</small>	

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

## PROOF OF CLAIM

Debtors

SA Commercial Mortgage Company

Case Number

06-10725-LBR

AMOUNT

\$289414.18

Revere for List of Debtors and Case Numbers  
 Should not be used to make a claim for an administrative expense  
 after the commencement of the case. A request for payment of an  
 administrative expense may be filed pursuant to 11 U.S.C. § 503

## Name of Creditor and Address



11321242039447

 WAHL DAVID  
 P O BOX 8012  
 MAMMOTH LAKES CA 93546

Creditor Telephone Number ( ) 760 934 5640

Last four digits of account or other number by which creditor identifies debtor

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

 Check box if this address differs from the address on the envelope sent to you by the court

IF YOU ARE ONLY OWED MONEY BY A BORROWER  
 WHOSE LOAN IS BEING SERVICED BY THE  
 DEBTORS YOU DO NOT HAVE TO FILE A PROOF  
 OF CLAIM. THIS INCLUDES MONEY FROM THAT  
 BORROWER HELD IN THE COLLECTION ACCOUNT

DO NOT FILE THIS PROOF OF CLAIM FOR A  
 SECURED INTEREST IN A BORROWER THAT IS NOT  
 ONE OF THE DEBTORS

If you have already filed a proof of claim with the  
 Bankruptcy Court or BMC you do not need to file again  
 THIS SPACE IS FOR COURT USE ONLY

 Check here  replaces  
 if this claim  or amends a previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

<input type="checkbox"/> Goodwill	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries and compensation (fill out below)	<input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)
<input type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly) <i>See Attached Appendix A</i>	Last four digits of your SS # _____	to _____ (date) (date)
		Unpaid compensation for services performed from _____	

2 DATE DEBT WAS INCURRED 5/05 - 12-6-06 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
 See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)

Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

## 5 TOTAL AMOUNT OF CLAIM \$

\$ 289414.18 \$

\$ 289414.18

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary *SEE APPENDIX B*

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC Group
 Attn: USACM Claims Docketing Center  
 P O Box 911  
 El Segundo CA 90245-0911
BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo CA 90245
THIS SPACE FOR COURT  
USE ONLY

FILED DEC 11 2006

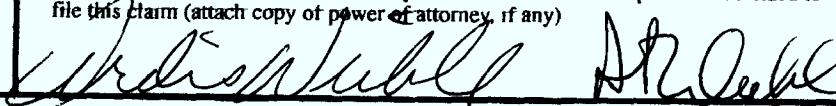
DATE 10/6/06 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim. Attach copy of power of attorney, if any.

USA CMC



1072501694

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor  USA Commercial Mortgage Company	Case Number 06-10725-LBR		
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
Name of Creditor (The person or other entity to whom the debtor owes money or property)  Weible 1981 Trust Dated 6/30/81 C/O Dean F Weible & Ardis Weible Co Trustees	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Name and address where notices should be sent  Ardis or Dean Weible 6314 Tara Ave Las Vegas, NV 89146 Telephone number 702-876-1094			THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim replaces <input checked="" type="checkbox"/> amends a previously filed claim dated 12/12/2004		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> 5/7/05	<b>3 If court judgment, date obtained</b>		
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>Unsecured Nonpriority Claim</b> \$ 157,596.55			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$ _____			
Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
<b>5 Total Amount of Claim at Time Case Filed</b>		\$ 157,596.55	157,596.55
		(unsecured)	(secured)
		(priority)	(Total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		FILED JAN 17 2007	
Date  1/11/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		
			

Penalty for presenting a fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C.

USA CMC  
1072502402

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA Commercial Mortgage Company</i>	Case Number <i>06-10725-LBR</i>		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name of Creditor and Address:  <i>THE WHITMAN TRUST dated 12/01/04 to it DANIEL WHITMAN, TRUSTEE P.O. Box 10200 Zephyr Cove, NV 89448-2200</i>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.	
Creditor Telephone Number ( <i>1 775/548-8865</i> )	<input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.	
Last four digits of account or other number by which creditor identifies debtor <i>CLIENT ID 5547</i>	<input type="checkbox"/> Check here if this claim replaces or amends <i>All 2003-2006</i> a previously filed claim dated: _____	THIS SPACE IS FOR COURT USE ONLY	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) <i>SEE EXHIBIT A</i>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from. _____ to _____ (date) (date)	<input type="checkbox"/> Unwrittten principal <input type="checkbox"/> Other claims against servicer (not for loan balances)
2. DATE DEBT WAS INCURRED: <i>2004-2006</i>	3. IF COURT JUDGMENT, DATE OBTAINED:		
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$ Line 4 of Exh. b, it A</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral. \$ <i>UNKNOWN</i> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <i>Line 2 of Exh. b, it A</i>			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use -11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ____ ). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
5. TOTAL AMOUNT OF CLAIM \$ <i>Line 4 of Exh. b, it A</i> <i>Line 4 of Exh. b, it A</i> <i>Line 4 of Exh. b, it A</i>			
(unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
BY MAIL TO: <i>BMC Group USA CMG Claim Docketing Center</i> BY HAND OR OVERNIGHT DELIVERY TO: <i>1330 East Franklin Avenue El Segundo, Ca - 90245</i>			THIS SPACE FOR COURT USE ONLY  <i>FILED JAN 16 2007</i>
DATE <i>1-10-07</i>	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any):  <i>H. DANIEL WHITMAN, TRUSTEE</i>		USA CMG  1072502367